

# Efficacy and Safety of Azilsartan and Telmisartan in Hypertensive Patients

Sir

We read with interest the article entitled, “Efficacy and safety of azilsartan medoxomil and telmisartan in hypertensive patients” by Garg *et al.*<sup>[1]</sup> We would like to discuss certain points about the study that may be useful for readers of *Saudi J Med Med Sci* for better comprehension of the topic.

The authors included patients with hypertension with glomerular filtration rate (GFR) >30 ml/min. Therefore, many patients in the cohort will likely have chronic kidney disease (CKD). It was not clear from the table whether both groups were matched for GFR. If the difference between the two groups is significant in terms of GFR, then it may affect results, given that patients with CKD need two or more drugs to control hypertension.<sup>[2]</sup> In addition, the study also included patients with type 2 diabetes. It is not clear what percentage of patients in each group were on sodium-glucose cotransporter-2 (SGLT2) inhibitors, which can also lower blood pressure (BP).<sup>[3]</sup> If there were differences between the two groups in this regard, it may skew results in favor of the group with more usage of SGLT2 inhibitors. Further, diabetic patients would need a combination of drugs to control BP,<sup>[4]</sup> and if both groups had difference in the number of diabetic patients, then it could result in bias in the reported results.

We would also like to know if any patient in the study had hyperkalemia that led to discontinuation of drug. As stated, the study included patients with impaired renal function, and those with lower GFR have higher chances of hyperkalemia. Espinel *et al.* found that the incidence of hyperkalemia could reach 40% with the use of angiotensin receptor blockers (ARBs) in patients with GFR of <45 ml/min.<sup>[5]</sup> As hyperkalemia can often be lethal, it may be prudent to look for hyperkalemia. Patients with diabetes are also at higher risk of hyperkalemia. Garg *et al.* found a response rate of 100% with ARB monotherapy. Notably, a meta-analysis of 43 randomized clinical trials (in 11,281 patients) comparing ARBs with placebo, drugs in other antihypertensive classes and other ARBs described comparable BP reductions for all ARBs and found response rates of only 48%–55% with monotherapy of ARBs.<sup>[6]</sup> The authors may consider furthering the discussion of this finding.

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## Conflicts of interest

There are no conflicts of interest.

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